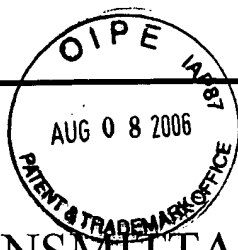


TRANSMITTAL FORM



| | |
|---------------------------|------------------|
| Application Serial Number | 10/688,864 |
| Filing Date | October 17, 2003 |
| First Named Inventor | Sachs |
| Group Art Unit | 1722 |
| Examiner Name | Matthew Song |
| Attorney Docket No. | EVG-018 |
| Patent No. | Not applicable |
| Issue Date | Not applicable |

ENCLOSURES (check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response (18 pgs.) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citation Labeled C13 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|--|---|

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 4th day of August, 2006.

Kim LaRocca

Kim LaRocca

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

SIGNATURE BLOCK

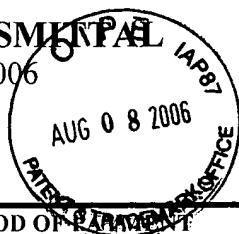
Respectfully submitted,

Date: August 4, 2006
Reg. No.: 55,699
Tel. No.: (617) 526-9836
Fax No.: (617) 526-9899

Deborah M. Vernon
Deborah M. Vernon
Attorney for the Applicant(s)
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600

FEE TRANSMITTAL

FY 2006



Complete if Known

Application Serial No. 10/688,864
Docket No. EVG-018
Filing Date October 17, 2003
First Named Inventor Sachs
Group No. 1722
Examiner Name Matthew Song
Confirmation No. 9442

METHOD OF PAYMENT

☒ Payment Enclosed:
☐ Check ☐ Money Order ☒ Other

☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081.
☒ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.

☐ Applicant claims small entity status.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | Filing | Search | Examination | Fee Paid |
|------------------|--------|--------|-------------|----------|
| Utility | 300 | 500 | 200 | |
| Design | 200 | 100 | 130 | |
| Plant | 200 | 300 | 160 | |
| Reissue | 300 | 500 | 600 | |
| Provisional | 200 | 0 | 0 | |

Small Entity Discount

1. TOTAL 0

2. EXCESS CLAIM FEES

| | Fee | Small Entity Fee (\$) |
|--|-----|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent. | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent. | 200 | 100 |

Total Claims Extra Claims Fee Paid (\$)

- 24 or HP = x \$ =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee Paid (\$)

- 3 or HP = x \$ =

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims Fee(\$) 360 Small Entity fee (\$) 180 Fee Paid (\$)

2. TOTAL: 0

3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Additional 50 or fraction thereof | Fee (\$) | Fee Paid |
|--------------|--------------|-----------------------------------|----------|----------|
| -100= 0 | /50= | round up to a whole number x | = | 0.00 |

3. TOTAL: 0

CORRESPONDENCE ADDRESS

Direct all correspondence to:

Patent Administrator
Proskauer Rose LLP
One International Place
Boston, MA 02110
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

FEE CALCULATION (continued)

4. ADDITIONAL FEES

| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid |
|-----------------------|-----------------------|--|----------|
| 130 | 65 | Surcharge - late filing fee or oath | |
| 50 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 130 | 130 | Non-English specification | |
| 2,520 | 2,520 | Request for ex parte re-examination | |
| 120 | 60 | Extension for reply within 1 st mo. | 60.00 |
| 450 | 225 | Extension for reply within 2 nd mo. | |
| 1,020 | 510 | Extension for reply within 3 rd mo. | |
| 1,590 | 795 | Extension for reply within 4 th mo. | |
| 2,160 | 1,080 | Extension for reply within 5 th mo. | |
| 500 | 250 | Notice of Appeal | |
| 500 | 250 | Filing a brief in support of an appeal | |
| 1,000 | 500 | Request for oral hearing | |
| 400 | 0 | Petitions to the Director | |
| 180 | 180 | Submission of IDS | |
| 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 100 | 100 | Certificate of Correction for applicant's error | |
| 130 | 65 | Submission of Terminal Disclaimer | |

Other fee (Specify)

Other fee (Specify)

4. TOTAL: 60.00

TOTAL AMOUNT SUBMITTED

(\$ 60.00)

SIGNATURE BLOCK

Respectfully submitted,

Date: August 4, 2006
Reg. No.: 55, 699
Tel. No.: (617) 526-9836
Fax No.: (617) 526-9899

Deborah M. Vernon
Attorney for the Applicant
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600